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ABSTRACT

This document provides the guidelines to develop a state-wide plan for a continuum of services for deaf-blind individuals. This paper extrapolates from the development of a model plan in Kansas a general set of procedures and policies that can be used by other states and proposes a series of steps for developing a plan for deaf-blind services. The rationale for such a project is described and the needs of the deaf-blind population are discussed. Activities involved in developing a state-wide plan are outlined and developmental work of the model is described. The selection of a project coordinator and the formation of planning groups are detailed. Procedures for recruiting steering committee and task force members are recommended. Methods of planning and conducting group meetings are suggested and project goals, objectives, and activities are enumerated. The appendices contain various survey and evaluation forms and other material relevant to the model. (NRB)

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The Kansas P.L.A.N. for Deaf-Blind:
A Team Approach to Planning
Process Document

June 1981

A Model System for **Providing** A Coordinated Life-Long Continuum of Services to Deaf-Blind Individuals and Their Familes.

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PREFACE

The Kansas P.L.A.N. (Participative Life-long Plan for Affecting Needs) for Deaf-Blind project began in July 1980, just prior to federal budget reductions. The time was ripe for agency representatives to put their heads together to streamline service procedures, so that services could be preserved and improved in spite of the anticipated reduction of dollars. This document was prepared to be used as a guide to assist others in planning life-long services for deaf-blind individuals. It is a description of the planning activities that occurred in Kansas, with modifications to avoid some of the difficulties that Kansas staff encountered. This document describes the process and tasks in which the Kansas P.L.A.N. staff, steering committee, and task force engaged to arrive at a plan for coordinating a life-long continuum of services to deaf-blind individuals and their families. This document correlates with another set of six documents, bound as one volume, which are the naturally evolving products of the planning activities. The Kansas P.L.A.N. Project was supported by contract #300-78-0192 from Office of Special Education, Department of Education, through the Mountain Plains Regional Center for Services to Deaf-Blind Children and Youth.

It is anticipated that these two volumes will be used as a resource for groups and individuals in planning the coordination of services for deaf-blind, or other low incidence populations.

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INTRODUCTION

This document provides the guidelines to develop a state-wide plan for a continuum of services for deaf-blind individuals. It is based on the experiences of the staff who, in 1980-81, successfully coordinated the development of such a plan for the state of Kansas. It does not, however, simply summarize their activities. Instead, using what was learned in Kansas as a springboard (and referring occasionally to materials developed there), this report extrapolates from them a general set of procedures and policies which can be used in virtually any other state to achieve a comparable goal. The major challenge inherent in such a project is synthesizing the disparate viewpoints of the multitude of people concerned with these services -- including consumers, service providers, administrators, etc. -- into a set of agreements satisfactory to all.

Services to deaf-blind individuals have a history. Precedents have been established and hence, new plans are not likely to be written on blank slates. The existing patterns of service provision could be changed by whatever "plan" emerges. Change usually evokes stress and, in a time of cutbacks, even some degree of threat. These feelings, unless accounted for, can enmire the process in conflict. The guidelines suggested here are intended to help transform that inevitable stress into productive effort, so that the personnel involved provide assistance, not resistance, to this endeavor. The purpose of what follows, therefore, is to propose a series of steps, piloted and refined in Kansas, with which a plan for services to the deaf-blind can be developed -- starting from the decision to launch such a project and proceeding to its satisfactory culmination.

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BACKGROUND

In 1964-65, the country experienced a rubella epidemic. Although the rubella epidemic was the single most significant contributor to the increase of the deaf-blind population, an almost equal number of individuals have been born both deaf and blind in recent years due to other factors. Because the learning problems of individuals with dual sensory impairments differ greatly from individuals having a single impairment, deaf-blind children require education and training designed to meet their special needs.

The sudden increase in the deaf-blind population placed a tremendous burden on existing education programs. As a result, educators, parents, professionals and concerned lay people appealed to Congress for help for the increased number of deaf-blind children. Thanks to their efforts and to a responsive Congress, Public Law 90-247, Part C, amending Title VI of the Elementary and Secondary Education Act, was approved and signed into law in January of 1968. The intent of Congress was to provide through this amendment:

> "...A limited number of model centers for deaf-blind children, a program designed to develop and bring to bear upon such children beginning as early as feasible in life, those specialized, intensive professional and allied services, methods, and aids that are found to be most effective to enable them to achieve their full potential for communication with, and meaningful participation in society, and for self-fulfillment."

As a consequence of the efforts of the regional centers, established as a result of that amendment, this country has experienced unprecedented growth in the number of services available to deaf-blind children.

As with other federal and state programs Title VI-C funding operates on an annual decreasing budget designed to encourage increasing state commitment. The date for the anticipated end of all Title VI-C funding to states is June, 1983. Each state will then be responsible for maintaining the quality of programming to deaf-blind children at a level equal to the level established before the end of VI-C funding.

Presently deaf-blind services are at another critical stage. We must meet not only the needs of deaf-blind individuals as children, but also their changing needs as they reach adulthood. Nationwide, as deaf-blind children are leaving educational programs, they are beginning to tax existing adult services. The magnitude of the problem will require cooperative efforts within states to identify, coordinate, and develop resources for this population, lest their achievements and developing potential be lost.

One major direction of service within the Mountain Plains Region is facilitating the development of a continuum of service within each member state. The development of a statewide comprehensive continuum of service expands the traditional role of education agencies. Activities are supported that identify the total service needs of the population, inclusive of education, rehabilitation, social services, health services, etc. The activity that encompasses a "birth to death" continuum of service is supported by a variety of legislation requiring demonstrated interagency agreements, cooperation, collaboration and coordination. The quality of interagency activity required to fully implement a comprehensive continuum must go beyond the written agreement to a demonstrated, practical process which responds to the service needs of the deaf-blind individual and the support needed by agencies to provide these services.

In response to the critical timeline for the demise of Title VI-C and the identified needs of the deaf-blind population, MPRC offered each of the nine states in the region the opportunity to compete for funds for the development of a model program that would be used by the other states as they created their own programs. Kansas has had a history for zealously seeking services for the deaf-blind population, and has worked cooperatively with MPRC to develop services for the state. When MPRC made funds available in the region, the Coordinator of Severely Multiply Handicapped/Deaf-Blind Programs and the Deaf-Blind Outreach Specialist saw it as an opportunity to further develop cooperation among agencies in the state and applied for the funds. The contract, let in April of 1980, was awarded to the state of Kansas.

PURPOSE OF THE PROJECT

There are presently more than 80 agencies and organizations in Kansas providing a variety of direct and indirect services for deaf-blind citizens in Kansas. Some of these providers are state agencies or statewide organizations and some are regional or local providers. Also, some of the state agencies and statewide organizations work through their own local or regional agencies (e.g., SRS, Department of Health, etc.). There are also other non-agency providers.

The assumption behind this project was that the deaf-blind population in Kansas was probably not served as effectively by a fractionated approach as they could be by a delivery system that was cooperatively designed, closely coordinated, refined, and more easily accessed by deaf-blind individuals and their families. No group or agency was charged with the responsibility for the total spectrum of needs (e.g., various areas such as health, residence, transportation, education, etc.) nor did their services extend continuously through all stages of development (birth to death). Nor, it seemed, was any given agency or group totally aware of the available assistance and services. It should be noted, however, that some agencies have attempted to approach this total responsibility. It was also not clear if there were duplications in services, if important services were lacking, or if parents and guardians knew where to get help. Questions arose regarding the quality of services and if some clients were lost during transitional periods. Sparsely populated areas had problems justifying and supporting well-trained professionals. The overall objective, therefore, was to design and implement such a coordinated, refined, and more easily accessible system.

The purpose of the Kansas P.L.A.N. for Deaf-Blind was to explore these and other questions and to develop a detailed model for a life-time continuum of accessible service options for deaf-blind citizens of Kansas and their families. Ultimately a plan would be developed that would allow for the implementation of this model within a reasonable period of time.

OUTLINE OF ACTIVITIES

I. Compile History

A. National considerations: Narrative regarding historical aspects of services to deaf-blind including federal legislation and funding issues. Perspectives regarding future considerations.

B. State considerations: Narrative regarding historical aspects of services to deaf-blind in this state including structure for services, funding program description and philosophies and goals.

II. Present Statement of Rationale: Perspectives and research supported data regarding future considerations for comprehensive services to deaf-blind.

III. Identify Service Recipients: Narrative discussion and graphic description which provides demographic information on deaf-blind individuals and their families in this state.

IV. Survey Potential Client Population: General narrative discussion of the identified needs of the deaf-blind population in this state.

V. Translate Service Needs from Individual Recipient Needs: Identification and categorization of comprehensive services appropriate to meet the needs of these individuals such as living, work, health, social services, etc.

VI. Survey Service Providers: Comprehensive identification of services in each area of vocational, living environments, health services, etc. available within the state.

VII. Develop Criteria for a Service Model: Component necessary in a system to satisfy the needs of the client population and the requirements of the service providers.

VIII. Develop a Model System for Providing Service Coordination: A narrative and graphic description of processes and procedures for providing interagency coordination of services.

IX. Develop Interagency Agreements: Identification and development of administrative operation of state interagency services including policy and procedure changes needed.

X. Devise a Plan for Implementing the Model System: Procedures to effect the necessary changes in the present system to realize a coordinated life-long service provision system for deaf-blind individuals and their families.

Selecting the Project Coordinator

A plan of this nature begins when someone with the authority and motivation perceives the need for such an undertaking. That person could be, for example, a state director of special education, the director of services to the severly multiply handicapped, or the state's deaf-blind specialist. The person in the central position will have the responsibility of supervising the project to its completion. Hence, that individual must believe deeply in its ultimate worth, have adequate time allocated to doing all the requisite tasks (approximately half-time for a six-month period), and be able to carry out (or to delegate) the various "functions" involved.

The aforementioned functions are multiple. In some cases, funds may have to be secured for the project, and the allocation of those funds will need to be monitored. The coordinator also will need to identify and maintain contact with deaf-blind clients and service providers throughout the state, so some knowledge of those individuals is necessary. Many of these persons will be called upon to review materials (on their own and at task force meetings) and to negotiate interagency agreements. The project coordinator must be able, therefore, to recruit, make requests of, facilitate discussion among, and make presentations at large gatherings of these people. The process of developing a state-wide plan requires knowing the components of such a plan and the ability to gather, analyze, and interpret data used to determine what the plan should include, i.e. the skills of planning and empirical research are needed. Finally, there will be innumerable secretarial functions involved in responding to the correspondence and completing other paper work involved at each phase. In Kansas, different persons filled each of these roles. Elsewhere, the individual serving as project coordinator may have to wear several of these hats interchangeably.

Developmental Research

The coordinator's first step is to read the Kansas P.L.A.N. Documents and any comparable state plans. The book Coordinating Services to Handicapped Children: A Handbook for Interagency Collaboration, edited by Jerry O. Elder and Phyllis R. Magrab, Baltimore: Paul H. Brookes, 1980, is a resource for general descriptions of this process. Material in these documents can be used as models for the plan that is to be developed.

There is some background material that should be gathered before involving many other people in the project. The first step is to develop a narrative report of the work done heretofore; nationally, regionally, and in the state, to serve the deaf-blind individuals. The Kansas P.L.A.N. includes a summary of nation-wide efforts in this regard. Regional offices can supplement this information. In-state background can be obtained by examining recent reports, surveys, and justification sections of grant

proposals. Other people in the office of special education and major agency and institution directors can be interviewed to learn more about what has been done locally. These accounts should be compiled in a first-draft of a report which will be reviewed later by the project's steering committee for its accuracy and comprehensiveness.

The eventual plan that emerges will need to conform to certain regulations mandated by law, and it will need to be funded within the guidelines of existing statutes. Consequently, there needs to be a review of the laws pertaining to the deaf-blind population. Document Two of the Kansas P.L.A.N. cites the relevant federal statutes as of Spring, 1981. State regulations can be obtained by consulting the Legislative Research Office. This legal review should be compiled in a draft document for subsequent examination by the steering committee members.

The final step in background work is preparing survey and needs assessment material. The plan should be based upon accurate up-to-date information regarding (1) the deaf-blind population and the services they need, as well as (2) the service providers and the services they each offer currently. In most cases this information can be obtained most efficiently via mailed questionnaires. The project coordinator should draft sample instruments for this purpose. (See Appendix A.) The Kansas forms were pilot tested prior to the state-wide survey. If those forms are to be altered, the revised versions might be given to a small sample of clients and service providers to be certain that they elicit useful data.

The development of a plan calls for a major shift in the thinking of service providers for the deaf-blind population. Personnel in each agency must make a transition from being aware primarily of their own dimension of that work to viewing themselves as one part of a comprehensive life-long continuous care program. They must expand their knowledge and concern to encompass the whole spectrum of a deaf-blind person's life. In the process, they must learn what the deaf-blind individual needs and what other service providers offer. Furthermore, they must come to agreement about how best to coordinate their services with those of their colleagues.

Up to this point, the ultimate plan exists only as an image in the mind of the project coordinator(s). Now that image must begin to take on more concrete shape, and its form must develop as congruently as possible in the minds of all the people who will be involved. If it is to be created and carried out successfully, those people must be involved in its planning from the very beginning stages of the project. Hence, the coordinator's next step is forming and meeting with a steering committee and a task force.

The Steering Committee

The steering committee generally is composed of the directors of the agencies which have the greatest involvement in working with the deaf-blind, i.e. the individuals who have to approve the interagency agreements that comprise the essence of a plan. In addition, the steering committee membership might include the parents of a deaf-blind youth and a legislator (or any representative of state government) to offer other perspectives on the needs of this population and the most practical ways to meet them.

The steering committee is the essential "work group" of the project. They are the people who will meet to hammer out the details of the plan. Its size must be kept modest (no more than 15 members). Hence, its membership must be limited to people whose input is essential and who genuinely know "the ropes" of the client and agency network to be coordinated.

The people who served on the Kansas P.L.A.N. Steering Committee included key personnel in the following agencies:

State Department of Social and Rehabilitation Services
- Division of Vocational Rehabilitation
- Division of Mental Health and Retardation Services
- Division of Income Maintenance and Medical Services
- Services for the Blind

State Department of Education (Special Education)
State Department of Health and Environment
State Department of Human Resources (Employment for the Handicapped)
Developmental Disabilities Council
A liaison from the Governor's Office
A State Representative
A State Senator
Kansas Parents Association of the Deaf/Blind Multiple Handicapped
Federal Regional Office of Human Development (Department of Health and Human Services)

These key individuals usually are very busy and might prefer to ask a subordinate to serve on the steering committee. This policy can add time-consuming steps to the process of achieving agreement on agency collaboration. That is, the representative must communicate the issues raised in the steering committee to his/her director, obtain a response, convey it back to the committee, and so on. To avoid this delay, it is highly desirable to have the persons authorized to make interagency agreements attending meetings of the steering committee.

Several procedures are recommended for encouraging participation of the highest level agency administrators on the steering committee.

These are described in detail below:

When calling agencies/organizations for steering committee membership, be sure to talk with their directors. If you don't know the name of the director, ask the secretary for the name, then ask if you may speak to him/her. If you are told that he/she is busy, leave a message to call you (leave your name, your agency, and phone number). Ask when you can expect to be called. If your call has not been returned by the specified time, call back. If you are asked if someone else can help you, the answer is no.

Initial telephone invitation to be steering committee member: "Good (morning, afternoon) Mr./Ms./Dr. _____. This is _____ with the State Department of Education. We are in the process of forming a steering committee whose purpose is to coordinate a life-time continuum of services for deaf-blind citizens of this state. We would like to have a representative from (name of agency/organization) who has an overall knowledge of your agency and the general authority to make commitments or decisions. There are four steering committee meetings planned in the coming year with the possibility of some subcommittee meetings, but it is not expected to be excessively time consuming. Our first meeting is (dates). Are those dates still open on your calendar?"

At this point they will tell you that those dates are acceptable or give you the name of someone else to be their agency representative. A few will tell you that they will need to go to their board for a representative.

If the dates are acceptable tell them more detailed information will be in the mail to them soon, and that you are looking forward to meeting them.

If they give you another name, go through the same procedure when you call the referred person, but begin with "Good (morning, afternoon), Mr./Ms./Dr. _____ referred me to you."

If they must go to their board for a representative, ask them to notify you when they have reached a decision, put a prompt on your calendar (to tell you when their board meets next) and call back for the name. In the meantime, send out written materials to the person to whom you spoke.

If you are speaking to an agency director and they tell you someone in their agency knows more about deaf-blindness than they do, explain again that you need them because there will be some important decisions made during the course of the year. Give them the names of other agency directors who have already consented to be on the steering committee. They will know them, and this will influence their decision to participate.[1]

The Task Force

The task force is composed of a greater range of people involved with the deaf-blind. Its function is to "advise and consent" upon the proposals developed by the steering committee. Its membership may be three or four times the size of the steering committee. The task force includes people who provide a relatively minor segment of the spectrum of services needed by the deaf-blind population and providing services in centers geographically distant or different from the state capitol. It also includes people at the "line" or "working" level of the service providing agencies and people who are interested in the project but who cannot commit the time needed to serve on the steering committee. In addition, the task force should include administrators or public officials who should be informed of the progress of the plan because their cooperation ultimately will be needed.

[1]These recruitment procedures were developed by Penny Gottula, Task Force Coordinator of the Kansas P.L.A.N. project.

The procedures recommended for recruiting task force members are the same as those for forming the steering committee. Participants on the Kansas P.L.A.N. Task Force included, in addition to all the steering committee members, representatives of the following groups:

Christian Counseling Referral Services

Council for Exceptional Children

Helen Keller National Center, Regional Representative

Kansas Advocacy & Protective Services for the Developmentally Disabled

Kansas Advocates for Special Education

Kansas Association for Mental Health

Kansas Association for the Blind

Kansas Association of Rehabilitation Facilities

Kansas Neurological Institute

Kansas Psychological Association

Kansas Roundtable of Organizations Serving Hearing Impaired

Kansas State Department of Administration

Kansas State Department on Aging

Kansas State Library (Services for the Blind and Physically Handicapped)

Kansas State School for the Deaf

Kansas State School for the Visually Handicapped

Kansas Vocational Rehabilitation Center

Northeast Kansas Regional Rehabilitation Consortium

U.S. Office of Health, Education, and Welfare

U.S. Office of Housing and Urban Affairs (NVAC - Office of Neighborhoods)

U. S. Office of Human Development Services

U. S. Office of Vocational Rehabilitation Services

Rehabilitation Services Administration

The Menninger Foundation

Topeka Intracity Transit (Elderly and Handicapped Transportation)

Topeka Parks, Recreation, and Public Property

Topeka Public Schools

University of Kansas

Population Representative (a deaf-blind adult)

An Attorney and Counselor at Law

PLANNING THE MEETINGS

During the year in which the Kansas P.L.A.N. was developed, the steering committee and the task force met four times each. If the documents developed in Kansas are available, and staff time for this project is scarce, then comparable progress can be made with fewer meetings. We propose, at least, three meetings for each group during the planning period.

The meetings will each require most or all of a working day. Each might be held at a facility where services to the deaf-blind are provided. Convening at these settings will help committee members to become better acquainted with more facets of a comprehensive care program. Remember that the building must be accessible to the handicapped.

The agenda for each meeting should be sent to the participants well in advance. It should detail the objectives of the meeting, the topics to be covered, a time schedule, and what kind of decisions will be necessary on each issue. If the participants are to review drafts of documents at the meeting, these, too, should be made avilable to them ahead of time. Sign language interpreters and materials in braille also should be arranged, if necessary.

The basic business to be conducted at each meeting is summarized below:

Meeting #1: Steering Committee

A. An orientation to the overall project, how it was initiated, the goals of the project, the steps to be taken in developing the plan, and what the plan should accomplish in the years ahead.

B. Members should be asked to comment on the project and their participation in it (to clarify misunderstandings).

C. Review drafts of the background material (i.e. assess their completeness and accuracy). This includes:

   1. An historical review of how services have been provided to the deaf-blind -- nationally, regionally, and locally.

   2. A summary of statutes relevant to these services.

D. Review a draft of a needs assessment plan and the procedural instruments.

E. Compile a comprehensive mailing list regarding who should receive information about this project and who should complete the needs assessment forms.

F. Review a list of potential task force members and elicit help in recruiting those individuals.

Meeting #2: Task Force

A. Repeat steps "A" through "E" from meeting #1.

B. Solicit help in obtaining complete returns of the needs assessment materials.

Meeting #3: Steering Committee

A. Review the results of the needs assessment.

B. Develop a draft of a plan for coordinating services to the deaf-blind based on the needs assessment results.

Meeting #4: Task Force

A. Review the results of the needs assessment.

B. Review the tentative plan drafted by the steering committee.

Meeting #5: Steering Committee

A. Specify procedures for the first year of implementing the new plan.

B. Review drafts of the interagency agreements needed to put the plan into action, and elicit help in getting those agreement forms signed.

Meeting #6: Task Force

A. Review procedures for the first year under the new plan.

B. Review drafts of the interagency agreements and elicit help in obtaining the necessary signatures on those forms.

CONDUCTING THE MEETINGS

There are two major contexts in which the process of developing a state wide plan is carried out: one is at meetings and the other is in conversations (on the phone or in person) with the individuals involved. Meetings generally are the more challenging of the two. We will offer here guidelines mainly for conducting productive meetings.

The Project Coordinator should greet people as they arrive, supply name tags, and have coffee (or other refreshments) available. At the first meeting of each group, self-introductions are a good way to start. The steering committee should be small enough to be seated in a circle or around a table. The task force should be seated in groups of about 5 - 7 people at tables scattered around the room (to allow for small group interaction).

The Project Coordinator might begin by reviewing the goals and agenda for the day. He/she might occasionally turn over leadership of the group's interaction to someone else. If another person moderates the discussion, the Coordinator is freer to contribute without having to worry about dominating or appearing too biased. The person serving as facilitator should not have a strong vested interest in the outcome of that day's deliberations.

A recorder should be selected. A record of the participants' contributions can be kept in two ways. One is to have a taped recording of the proceedings so the dialogue can be reviewed later. A second is to keep a written record of the important points made and the conclusions reached. An excellent method is to jot these points down with a magic marker on large sheets of paper taped to the wall of the room. In this way, participants can see that their ideas are being recorded and it minimizes repetition of ideas already noted. Wording of ideas can be clarified on the spot and the progress made at the meeting is dramatically apparent.

Since these are planning meetings, participants should be as actively involved as possible. This can be accomplished at several points in the process of problem-solving, and in several ways:

1) When setting goals, participants can be asked to think about how they would envision an ideal plan operating, say one-year in the future. They each might jot down their thoughts privately, at first.

2) After this activity, their ideas can be brainstormed (that is sharing without criticism, encouraging creativity, and building new ideas upon old ones) and then acknowledged by the recorder.

3) The ideas presented can be sifted and ranked within sub-groups of two to five people. Especially during the large task force meetings, it is recommended that such tasks be delegated to small groups. In Appendix B a sample of the written instructions provided for leaders and recorders of these sub-groups at one Kansas P.L.A.N. Task Force meeting is provided.

4) Whenever a meeting takes most of the day, ask participants to provide the leader with brief, anonymously written feedback at the mid-point. When their suggestions are acknowledged, and perhaps acted upon, after reconvening, participants feel more involved in the process. Feedback also should be solicited at the end of each meeting and used in planning subsequent sessions. In Appendix C there is a sample of the form used regularly in the Kansas P.L.A.N. meetings.

When leading the entire group in a discussion of an issue it is important to encourage participation from as many people as possible, to allow disparate viewpoints to be aired, and to seek consensual decisions (rather than allowing a minority, or even the majority, to dominate anyone). These processes can best be encouraged by stating clearly the preferred norms for the meeting, and then using them to justify interventions in that direction (e.g. "We've said we want to hear all viewpoints -- does anyone disagree with what is being proposed?" or "We would like to hear from everyone here -- what does this issue look like from the vantage point of your agency?") If such methods are used the meetings are likely to be pleasant and productive.

Of course, not all of the planners' interaction can take place at the meetings. Suggestions about procedure, reactions to written material, and clarification of information also can be elicited by phone. Lunch meetings with individuals were needed, as the Kansas P.L.A.N. evolved, to work out conflicts that couldn't be aired fully at a meeting. The coordinator must work "behind the scenes," as well as in front of the steering committee and task force.

Overall, the quality of the decisions made during the planning process is dependent upon the "team spirit" nurtured by the Coordinator. People generally feel involved in and committed to a project whose goals are clear and significant. The work climate should be open, honest, relaxed, and supportive and whose meetings should be well-planned and clearly organized. If input from participants is welcomed and valued, and if conflicts are discussed frankly and fairly, the outcomes will yield the maximum gain to the clients and service providers. Minimal disruption of familiar work relationships will occur if these conditions are met and the persons involved in the process are more likely to "buy into" the decisions made.

Finally, the efforts of the people who give their time to serving on the steering committee and task force should be publicly recognized. Taking time out from normal work responsibilities to participate in a process wherein their "territorial" domain might well be altered requires generosity and dedication. When the plan finally is developed, the committee members should be given a luncheon, sent a letter of gratitude, and/or in some other way(s) be acknowledged for their contribution. (See Appendix D.)

KANSAS P.L.A.N. FOR DEAF-BLIND

PROJECT GOALS, OBJECTIVES, AND ACTIVITIES

Goal 1 To systematically develop a detailed life-time continuum of available services (CAS) for Kansas that is replicable to other states in the region.

Objective 1.1 Organize a representative state task force and steering committee.

Activities

1.1.1 Identify agencies, groups, and individuals to be represented.

1.1.2 Contact above and obtain official representation.

1.1.3 Convene a two-day working session to explain project, collect basic data, initiate document preparation and select steering committee.

Objective 1.2 Develop planning documents to include background for CAS development, and applicable laws, rules and regulations. (Documents 1 and 2)

Activities

1.2.1 Research national historical issues, policies, and considerations.

1.2.2 Research state history and policies.

1.2.3 Convene steering committee meeting to review national and state perspectives on deaf-blind, project goals, and federal and state laws, rules, and regulations.

1.2.4 Convene task force to discuss goals and policies of various agencies as they relate to the deaf-blind population of Kansas.

1.2.5 Prepare committee reports using research materials.

1.2.6 Compile committee reports for task force review and approval for document adoption.

Objective 1.3 Conduct a comprehensive needs assessment survey to include: consumers, agencies, direct service providers and develop graphic and narrative descriptions of findings. (Document 3)

Activities

1.3.1 Collect data on Kansas services and service needs through survey instruments.

1.3.2 Identify services and delivery systems being provided in Kansas.

1.3.3 Compare needed services with available services.

1.3.4 Prepare preliminary report for task force review and evaluation.

1.3.5 Convene task force meeting to review survey findings.

1.3.6 Complete analysis of needs assessment survey data which includes agencies providing services, comparison of services available and services needed, and narrative description of the analyzed data.

Objective 1.4 Develop criteria of a CAS based on the findings of the previous documents. (Document 4)

Activities

1.4.1 Identify considerations of a CAS.

1.4.2 Convene a steering committee meeting to review and revise considerations of a CAS.

1.4.3 Convene a task force meeting to approve adoption of criteria for a CAS.

1.4.4 Complete document which delineates the criteria of a CAS.

Objective 1.5 Prepare model plan including development of the concept of interagency agreements. (Document 5)

Activities

1.5.1 Develop narrative on interagency cooperation.

1.5.2 Develop generic interagency agreement/contract.

1.5.3 Develop graphic of model program.

Objective 1.5 Cont'd

Activities

1.5.4 Develop narrative on model program of service provision.

1.5.5 Convene meeting with steering committee to review and revise the model program and to discuss the need for specific interagency agreements.

1.5.6 Complete document which includes a narrative on interagency cooperation, a generic interagency agreement, a narrative on a case management system for Kansas, a graphic and narrative of the model program which reflects the criteria of a CAS.

Objective 1.6 Develop the Kansas P.L.A.N. which describes methods for implementing a CAS and secure commitment from appropriate agencies. (Document 6)

Activities

1.6.1 Secure signatures from appropriate agency personnel.

1.6.2 Develop narrative that describes a systematic approach for implementing interagency cooperation, who does what, when; and suggestions for how funding may be obtained.

1.6.3 Convene a meeting with task force to review and revise the narrative and secure interagency agreements.

1.6.4 Specify where signed agreements are needed.

1.6.5 Complete document which describes methods for implementing Kansas P.L.A.N.

KANSAS P.L.A.N. ACTIVITIES

Following are details of the process in which the Kansas P.L.A.N. staff engaged to meet the project goals and objectives. Completion dates indicate the project day each activity was completed. For others using this model, completion dates will, of course, vary.

ACTIVITY	STRATEGY	COMPLETION DAY
Develop project letterhead and envelopes that reflect Kansas P.L.A.N. for Deaf/ Blind project.	The Project Coordinator contacted several local printing firms to ascertain the cost of designing letterhead stationery for the project. Since the price of design is quite high, "shopping around" for a logo was impractical. It was decided to order letterhead design from a firm who had satisfactorily designed stationery for the State Department of Education in the past. A simple letterhead logo was chosen as most appropriate. It is well to have letterhead stationery before embarking on the project. People involved can then immediately identify materials related to the plan when they arrive in their office.	85
Develop Task Force notebooks.	Notebooks were ordered from the same local firm as the letterhead stationery. It was not known how much material might accumulate so an estimate was made and a 2-inch, 3-ring binder ordered. Binders were printed with the same logo as the stationery and in similar colors. A notebook is helpful for task force members to keep materials for the planning organized, since they receive many at meetings and by mail.	85
	A meeting was called prior to the project's inception to discuss the possibility of a coordination of services to deaf-blind. Individuals who were known to the project director to have some involvement in services to the deaf-blind were invited to that meeting. Some persons present at the meeting were members of the State Deaf-Blind Advisory Council.	114

Objective 1.1: Organize a representative state task force and steering committee.

ACTIVITY	STRATEGY	COMPLETION DAY
1.1.1 Identify agencies, groups, and individuals to be represented.	The search began with the state phone directory, calling directors of all agencies that might have some involvement with the deaf/blind. There is a list in the Office of Special Education which has been compiled over time of advocacy groups and professional organizations who are actively interested and involved with the handicapped. Representatives of these groups were called to serve on the task force representation where there was an interest. To find representation at the local level, the Topeka Phone Book was used. Yellow page listings under counseling, hospitals, clinics, etc., were useful. White page listings beginning with "Kansas" yielded more organizations and the Topeka Directory has a "Blue Page" section that is a special listing of "helpful" agencies and organizations. The search also uncovered a local agency, The Counseling Resource Center, which provided a number of possible resources. Many names of persons, agencies, and organizations were suggested by task force members as invitations were extended. From these sources, a large list was compiled for possible task force membership. When previously contacted agency representatives were recontacted, all but two were willing to serve on the task force. Two senators from western Kansas who are supportive of the project and wrote support letters were not able to serve on the task force due to other commitments. They were replaced on the task force by a senator from Topeka who has an interest in special education.	167

ACTIVITY	STRATEGY	COMPLETION DAY
1.1.2 Contact above and obtain official representation.	The next task became one of picking and sorting. Contacting representatives began with groups that obviously have a large involvement in the lives of the deaf-blind. We also agreed that we needed members who would understand the problems of deafness and blindness first-hand - those who have dealt with the daily problems themselves. We invited parents of deaf-blind and persons with the handicaps themselves. As the task force grew, it seemed it would become unmanageable so people were asked who represented a whole area hoping that our representatives could provide information from both the private and public sectors, for example: medicine or psychology. Some of our members are representatives from more than one organization, for instance, an institution and a professional or advocacy group. Some were invited, not because of an involvement with the deaf-blind, but because of possible resources from them and an expressed interest in becoming involved. Those who were not invited to be on the task force assisted us as we progressed as resource persons feeding information into our group and providing feedback on our written materials. Their roles were no less important to the task than those who actively participated. It is only that they contribute in very specific, specialized services, or conversely in a very general way. The State Library can provide phone numbers and addresses for all state senators and representatives. They can also provide lists of senators and representatives by committee. We chose persons from the education committee, and the rules and regulations commitee. For more specific information about this item, see pages 10-14.	167

ACTIVITY	STRATEGY	COMPLETION DAY
1.1.3 Convene a two-day working session to explain project, collect basic data, initiate document preparation and select steering committee.	A meeting place was selected and reserved early in the planning. Facilities were found that would satisfy our meeting criteria: large meeting room, separate large luncheon room, four small meeting areas, accessibility to meeting facilities and restrooms, a lounge for socialization following the first day's meeting. Reservations were made for those who needed overnight accommodations, and luncheon menus were planned with the meeting facility staff. Arrangements were made for morning coffee and rolls.	105
	Fifty-five preregistrations were sent to task force members. Twenty-six were returned. To get a better idea what attendance would be, and to arrange for meal service, secretaries called all those who had not returned their preregistration forms.	114
	It was decided to have the first meeting in Topeka (capital city) because most of the task force members are located there. First, it was supposed that more members could be at the meeting if they didn't have to travel. Second, since the project would bear the expense of the first meeting, not having to provide travel and overnight expenses would keep the budget down. First meeting expenses were paid to help insure the attendence of as many as possible. We felt the necessity to involve as many agency or organization representatives as possible at this first meeting in order to stimulate an early interest in and commitment to the project. It was decided to hold the first meeting on neutral territory to negate any appearance that the Kansas State Department of Education was "controlling" the project. We wished to represent ourselves as the "coordinating" agency. Consequently, a local motel meeting complex was chosen as a meeting site.	119

Objective 1.2: Develop planning documents to include background and applicable laws, rules and regulations. (Documents 1 and 2)

ACTIVITY	STRATEGY	COMPLETION DAY
1.2.1 Research national historical issues, policies and considerations.	A history of the development of services to deaf-blind from a national perspective was prepared by the MPRC staff and submitted for use in the documents. Information was received from Gallaudet College. Information was requested from Helen Keller National Regional Center. Materials were compiled into a form which is now Document 2, by a research consultant.	114
1.2.2 Research state history and policies.	A history of the development of education for the deaf-blind was completed. Other perspectives, e.g. from the Department of Health and Environment are virtually non-existent, as data relating to the deaf-blind population are not separated from the total disabled population.	
1.2.3 Convene steering committee meeting to review national and state perspectives on deaf-blind, project goals, and federal and state laws, rules and regulations.	The first steering committee meeting was held one month following the first task force meeting. Two drafts were reviewed of Document 1 and 2 before they took their final form. State plans, documents, and other materials were solicited from task force members in an effort to collect information regarding laws, rules, regulations, and policies related to services to deaf-blind individuals. Materials were compiled by the project research consultant, reviewed by the task force, and are found in their final form in Document 2.	145

ACTIVITY	STRATEGY	COMPLETION DAY
1.2.4 Convene task force to discuss goals and policies of various agencies as they relate to the deaf-blind population of Kansas.	The second task force meeting was held at the Kansas State School for the Deaf Library in Olathe, Kansas.	209
1.2.5 Prepare committee reports using research materials.	See Documents 1 and 2 for final forms.	250
1.2.6 Compile committee reports for task force review and approval for document adoption.	See Appendix E for form used to evaluate final documents.	365

Objective 1.3 Conduct a comprehensive needs assessment survey to include: consumers, agencies, direct service providers; and develop graphic and narrative descriptions of findings. (Document 3)

ACTIVITY	STRATEGY	COMPLETION DAY
1.3.1. Collect data on Kansas services and service needs thru survey instrument and	The survey forms were piloted prior to distribution to the total survey population. They were sent to the steering committee, MPRC staff, two parents of deaf-blind individuals, and an adult deaf-blind couple.	326
1.3.2 Identify services and delivery systems being provided in Kansas.	A set of needs assessment instruments was devised by a private contractor, the research consultant on the project. See Appendix A for the final survey forms used. It was piloted with the steering committee and Mountain Plains Regional Center staff, and revisions were made prior to mailing to a list of 82 service providers and 92 clients.	
1.3.3: Compare needed services with available services.	Data from the client population survey and the service providers survey were compared and are contained in Document 3.	326
1.3.4: Prepare preliminary report for task force review and evaluation.	A summary of the needs assessment data were presented at the third task force meeting for approval. Suggestions for change were made, and are reflected in Document 3.	
1.3.5: Convene task force meeting to review survey findings.	See Appendix E for form used to evaluate final documents.	365
1.3.6: Complete analysis of needs assessment survey data which includes a graphic of agencies providing services, a graphic comparing services available and services needed, and and a narrative description of the analyzed data.	Data were compiled and analyzed by the project research consultant. The format for Document 3 was designed by the consultant and changes suggested by task force members were incorporated.	365

1.4.1 Develop criteria of a Continuum of Accessible Services based on the findings of the previous documents. (Document 4)

ACTIVITY	STRATEGY	COMPLETION DAY
1.4.1 Identify criteria of a CAS.	At the second task force meeting, a list of possible systems "considerations" was reviewed and revised by task force members. See Appendix F for the form used. That list of considerations with revisions became the system criteria.	210
1.4.2: Convene a steering committee meeting to review and revise criteria of a CAS.	Changes in the "considerations for a model service delivery system" were reviewed by the project staff and considerations were used to determine "Criteria for a Model Service Delivery System," Document 4. Document 4 was reviewed and approved at the third steering committee meeting.	300
1.4.3: Convene a task force meeting to approve adoption of criteria for a CAS.	Document 4 was approved by the task force at the third meeting.	330
1.4.4: Complete document which delineates the criteria of a CAS.	The process which produced the contents of this document began with the generation of concepts in several discussions with task-force members. These concepts were refined as "considerations" for beginning to conceptualize a model system for coordinating services to deaf-blind individuals in Kansas. These considerations were then reviewed critically by the Kansas P.L.A.N. Task Force at the second task force meeting. Criteria for design of the model system were then derived from those considerations which were acceptable to the task force.	330

Objective 1.5: Prepare model plan including development of the concept of interagency agreements. (Document 5)

ACTIVITY	STRATEGY	COMPLETION DAY
1.5.1 Develop narrative on interagency cooperation	At the second steering committee meeting, the issue of interagency agreements to facilitate the implementation of a continuum of services was discussed. Information about present interagency agreements in Kansas was exchanged. Copies of agreements among some of the agencies represented on the task force were collected and others were requested for consideration in developing Document 5. Content of existing agreements were examined for utility in the present planning effort.	240
1.5.2: Develop generic interagency agreement/ contract.	The form of the interagency agreement changed several times during the course of its development. Guidelines used are included in Document 5. See Document 5 for its present form, developed by giving it to steering committee members to review, then asking for a review by several KSDE staff members who are experienced in writing interagency agreements.	330
1.5.3 Develop a graphic of model program to describe which agencies will provide which services with which funds and how much the cost will be.	See Document 5 for the graphic of the model service delivery system for deaf-blind individuals in Kansas.	
1.5.4: Narrative on model program of service provision.	See Document 5 for a narrative description of procedures for the model.	300

ACTIVITY	STRATEGY	COMPLETION DAY
1.5.5: Convene meeting with steering committee to review and revise the model program and to discuss the need for specific interagency agreements.	Presentation of the model was made at the third steering committee meeting at which time suggestions for change were made. Changes were integrated prior to the third task force meeting. A general interagency agreement was discussed at the meeting and suggestions were made for making it more specific.	330
1.5.6: Complete document which includes a narrative on interagency cooperation, a generic interagency agreement, a narrative on a case management system for Kansas, a graphic and narrative of the model program which reflects the criteria of a CAS.	Working with data from the surveys, principles of systems design, and criteria developed by the task force the model service delivery system evolved. A model of service delivery was designed to accommodate present procedures within each agency. See completed Document 5.	330

Objective 1.6: Develop the Kansas P.L.A.N. which describes methods for implementing a Continuum of Accessible Services and secure commitment from appropriate agencies. (Document 6)

ACTIVITY	STRATEGY	COMPLETION DAY
1.6.1: Secure signatures from appropriate agency personnel.	Interagency agreements have not yet been signed. Drafts have been circulating to revise until they meet with the approval of the participating agencies. Initial writing of the interagency agreements and gaining approval was progressing until the federal budget cuts were announced.	300
1.6.2: Develop a narrative that describes a systematic approach for implementing interagency cooperation, who does what when and suggestions for how funding may be obtained.	At this time, it appears that agreements with agencies will have to be individually written, as each system is unique.	330
1.6.3 Convene a meeting with task force to review and revise the narrative and secure interagency agreements.	Procedures for implementing the P.L.A.N. were presented to the steering committee at the third meeting, revisions were made and the revised procedures were presented for approval to the task force at the third meeting. See Document 6 for procedures.	
1.6.4: Specify where signed agreements are needed.	Several interagency agreements already exist which facilitate service provision. More specific agreements will be negotiated as the plan is implemented and it becomes clear where they are needed.	In progress
1.6.5: Complete the document which describes methods for implementing Kansas P.L.A.N.	See Document 6.	330

APPENDIX A

1981

To Whom It May Concern:

The Kansas P.L.A.N. for Deaf-Blind Task Force is a group of representatives from agencies and organizations who provide services to deaf-blind individuals and their families in Kansas. The purpose of the task force is to analyze our present services and plan for a service delivery system which will provide for the needs of deaf-blind individuals and their families from birth to death. The goal of the project is to formulate a model plan which is easily accessible and does not permit any individual to be lost in the process over the course of the years.

In order to plan for such a system, it is necessary for us to determine what agencies and organizations presently provide services for deaf-blind citizens, what agencies and organizations would be willing to provide services, and what services they are now providing or are prepared to provide. Please help us by completing the enclosed forms and returning them to us by March 1981. Your care in filling out these forms will help us tremendously in our planning. Feel free to make comments concerning any specific item or add information which might be helpful. The services that some agencies provide are quite specific, consequently you may find that you do not respond to a large portion of the survey. Please just check it all very carefully to insure that you have provided all relevant information. Please contact Penny Gottula if you have any questions.

Let us thank you in advance for your help.

Sincerely,

Phyllis Kelly
Programs for Severely Handicapped
Special Education Administration

Penny Gottula
Task Force Coordinator
Special Education Administration

Enclosures

PG/lhr

IF THERE ARE SEPARATE UNITS OR FACILITIES WITHIN YOUR AGENCY, PLEASE XEROX THIS FORM AND FORWARD IT FOR COMPLETION ALONG WITH A COVER LETTER.

RETURN TO:
PENNY GOTTULA
KS. STATE DEPT. OF EDUCATION
120 EAST 10TH
TOPEKA, KANSAS 66612

COMPLETED BY: _____
TITLE: _____
AGENCY: _____
ADDRESS: _____
TELEPHONE: ( ) _____ Zip
Area Code

SURVEY
-SERVICE PROVIDERS-
KANSAS DEAF/BLIND SERVICES AND PROGRAMS

NO. OF HANDICAPPED RECEIVING SERVICES	NO. OF DEAF/BLIND RECEIVING SERVICES (if available)	1. LIST YOUR AGENCY'S SERVICES TO HANDICAPPED OR DEAF/BLIND INDIVIDUALS, THEIR FAMILIES, TEACHERS, ETC. PLEASE FORWARD ANY DETAILED DESCRIPTIONS, GUIDELINES, ETC. (THANK YOU)	ELIGIBILITY REQUIREMENTS FOR POPULATION SERVED (AGES, LOCATION, ETC.)	LIST BY TITLE AND NUMBER ALL ENABLING LAWS, STANDARDS, RULES, ETC. COVERING THIS SERVICE

CONTINUE ON BACK SIDE IF NEEDED

COMMENTS: _____

Comments:

2. LIST THE PRESENT UNMET OR UNDERMET NEEDS OF HANDICAPPED CLIENTS, ESPECIALLY AS THEY MIGHT APPLY TO DEAF-BLINDNESS, THAT YOU ENCOUNTER IN YOUR WORK. WHAT SERVICES SHOULD BE AVAILABLE THAT ARE NOT?

3. LIST ALL NEEDS OF YOUR PROGRAM THAT YOU FEEL ARE NOT PRESENTLY MET BUT ARE NECESSARY OR DESIRABLE IN ORDER TO MEET THE NEEDS OF DEAF/BLIND PERSONS.

4. WHAT OTHER AGENCIES/ORGANIZATIONS ARE, OR SHOULD BE, PROVIDING SERVICES FOR CLIENTS (ESPECIALLY DEAF/BLIND) CURRENTLY IN YOUR PROGRAMS?

5. LIST ANY FORMAL INTERAGENCY OR INTERGROUP AGREEMENTS NOW IN EFFECT (PLEASE FORWARD COPIES.)

6. LIST ANY AREAS (AND AGENCIES INVOLVED) WHERE YOU SEE A POTENTIAL FOR DEVELOPING AGREEMENTS

7. WHAT AREAS OF DUPLICATION EXIST IN AGENCY SERVICES AND/OR PROGRAMS?

8. WHAT WOULD YOU LIKE TO SEE INCLUDED IN THE KANSAS P.L.A.N. OTHER THAN WHAT IS SPECIFIED BY THE PREVIOUS QUESTIONS?

9. PLEASE LIST NAMES AND ADDRESSES OF ALL KANSAS DEAF/BLIND INDIVIDUALS WITH WHOM YOU HAVE CONTACT. (A RELEASE OF INFORMATION FORM IS INCLUDED: IF YOU SHOULD NEED SOME, FEEL FREE TO COPY IT.)

CHECKLIST SURVEY

-- SERVICE PROVIDERS --

KANSAS DEAF/BLIND SERVICES AND PROGRAMS

COMPLETED BY: _____

TITLE: _____

AGENCY: _____

ADDRESS: _____

TELEPHONE: ( ) _____
Area Code

SEAA/1

1.0 GENERAL SUPPORTIVE SERVICES

These services provide the client and his family with support and assistance in finding and securing the services that they need throughout their lives.

	Our Group Presently Provides This Service	Our Group Funds This Type of Service	This Service Would Be Appropriate for our Agency to Deliver	How Many are Currently Being Served? Handicapped	Deaf/Blind (If Avail.)
1.1 Casefinding: (1) systematically identifying persons in need of services;					
(2) alerting persons and their families to the availability of services;					
(3) and assisting persons to enter the service delivery system.					
1.2 Information and Referral: The development and use of a system which can supply information about, and referral to, appropriate community resources.					
1.3 Coordination of Services: (1) procuring direct services,					
(2) coordinating the services of different agencies,					
(3) and monitoring the progress of the client.					

	Our Group Presently Provides This Service	Our Group Funds This Type of Service	This Service Would Be Appropriate for our Agency to Deliver	How Many are Currently Being Served? Handicapped	Deaf/Blind (If Avail.)
1.4 Follow Along: Regular communication on a life-long basis with clients and their families to assure changes in service needs are recognized and met.					
1.5 Protective Services: Guidance to safeguard the legal rights of the developmentally disabled by assuring that they receive appropriate services and by preventing their abuse.					
1.6 Citizen Advocacy: A competent citizen to assist and befriend a developmentally disabled person in coping with his problems; providing help and affection in a one-to-one relationship.					
1.7 Guardianship Services: (1) The determination of whether or not a developmentally disabled individual requires personal or property guardianship, (2) Assistance in the procurement of guardianship when appropriate.					

	Our Group Presently Provides This Service	Our Group Funds This Type of Service	This Service Would Be Appropriate for our Agency to Deliver	How Many are Currently Being Served? Handicapped	Deaf/Blind (If Avail.)
1.8 Transportation: Programs which enable developmentally disabled people to travel around the communities in which they (1) live (i.e., shopping, doctor/dental appt's.), (2) work, (3) go to school.					

2.0 IDENTIFICATION AND ASSESSMENT

These services are aimed at identifying people from the general population who might be deaf/blind, following through with assessment procedures and developing recommendations for specific services that are needed.

	Our Group Presently Provides This Service	Our Group Funds This Type of Service	This Service Would Be Appropriate for our Agency to Deliver	How Many are Currently Being Served? Handicapped	Deaf/Blind (If Avail.)
2.1 Screening: Testing individuals to identify problems or possible problems.					
2.2 Diagnosis: Comprehensive testing to identify specific areas of delay and/or deviance and to specify causes where possible.					
2.3 Evaluation: Systematic appraisal by a multidisciplinary team: (1) to determine the extent to which the deaf/blindness limits or can be expected to limit an individual's activities;					
(2) to determine how and to what extent the disabling conditions may be remediated or minimized;					
(3) to determine the nature and scope of services to be provided;					
(4) to select service objectives;					

	Our Group Presently Provides This Service	Our Group Funds This Type of Service	This Service Would Be Appropriate for our Agency to Deliver	How Many are Currently Being Served? Handicapped	Deaf/Blind (If Avail.)
(5) and to devise an individualized action plan for intervention.					

3.0 TREATMENT

These services involve primarily mental and physical health needs. Whenever possible, these services are provided by generic agencies and professionals who serve the entire population, relying on special services for deaf/blind people only as a last resort.

3.1 Medical Services: The service of diagnosing, treating, curing, and preventing disease, relieving pain, and improving and preserving health.					
3.2 Prosthetic Services: (1) Prescribing,					
(2) periodic checking					
(3) maintenance of prosthetic equipment, i.e., hearing aides, eyeglasses, braces, etc.					
3.3 Dental Services: Preventive and restorative treatment for the teeth.					

	Our Group Presently Provides This Service	Our Group Funds This Type of Service	This Service Would Be Appropriate for our Agency to Deliver	How Many are Currently Being Served? Handicapped	Deaf/Blind (If Avail.)
3.4 Speech Therapy: Services which deal with improving communication, i.e. speech, signing, communication boards, language usage.					
3.5 Physical Therapy: Therapuetic use of physical agents other than drugs (i.e., physical, chemical, and other properties of heat, light, water, electricity, massage, exercise, and radiation) to maintain or increase efficiency of neuromuscular-musculo, skeletal, cardio-vascular, and respiratory systems.					
3.6 Occupational Therapy: Therapeutic use of activities such as self-help skills, arts and crafts, and perceptual motor activities to encourage clients to become motivated toward achieving their own normalization.					
3.7 Psychotherapy: Intensive psychological or behavioral therapy aimed at alleviating severe emotional and/or behavioral disorders.					

	Our Group Presently Provides This Service	Our Group Funds This Type of Service	This Service Would Be Appropriate for our Agency to Deliver	How Many are Currently Being Served? Handicapped	Deaf/Blind (If Avail.)
3.8 General Counseling: Regularly scheduled intervention, the primary focus of which, is upon solving interpersonal problems such as disability acceptance, overanxiety, overprotection, and the ability to cope with daily demands which result from the client's disability.					

4.0 EDUCATIONAL SERVICES

These services refer to programs that are designed to enhance growth and development in the areas of motor, self-help, communication, social, academic, prevocational, vocational, and independent living skills.

4.1 Preschool Services: Programs for children age 0 to 6 years offering structured training in communication, motor, self-help, and social skills. 1) facility-based 2) home-based					
4.2 Educational Services for Mildly Handicapped: Programs which emphasize academic, social, and communicative skills at the primary and intermediate levels, and prevocational, vocational, and independent living skills at the secondary level.					

	Our Group Presently Provides This Service	Our Group Funds This Type of Service	This Service Would Be Appropriate for our Agency to Deliver	How Many are Currently Being Served? Handicapped	Deaf/Blind (If Avail.)
4.3 Educational Services for the Moderately, Severely, and Profoundly Handicapped: Programs, which emphasize motor, communication, self-help, social and appropriate academic skills at the primary and intermediate levels, and appropriate prevocational, vocational, and independent living skills at the secondary level.					
4.4 Adult Basic Education: Educational opportunities in any of the following areas for adults who did not achieve their maximum level of competency while eligible for public school: communication, social, academic, prevocational, vocational, and independent living skills.					
4.5 Special School Services: Services which are provided in conjunction with other educational programs that respond to the specific needs related to physically					

	Our Group Presently Provides This Service	Our Group Funds This Type of Service	This Service Would Be Appropriate for our Agency to Deliver	How Many are Currently Being Served? Handicapped	Deaf/Blind (If Avail.)
handicapping conditions of individuals who are blind, deaf, epileptic, and/or non-ambulatory.					
(1) materials and books					
(2) readers					
(3) interpreters					
(4) brailling services					
(5) adaptive educational devices/aids					

5.0 FAMILY SUPPORT SERVICES

These services help families cope effectively with the presence of a developmentally disabled person in their home. The primary objective of all the family support services is to prevent institutionalization of the developmentally disabled person.

5.1 Family Training: Training for family members which provides knowledge and skills needed to assist the impaired person by augmenting the services provided outside the home with a program of activities inside the home.					
5.2 Family Planning: Counseling services related to all aspects of pregnancy and child rearing, including knowledge of contraception and careful consideration of whether or not to parent children.					

	Our Group Presently Provides This Service	Our Group Funds This Type of Service	This Service Would Be Appropriate for our Agency to Deliver	How Many are Currently Being Served? Handicapped	Deaf/Blind (If Avail.)
5.3 Genetic Counseling: Information and advice concerning the biological probabilities of giving birth to a developmentally disabled child.					
5.4 Crisis Intervention: Counseling services which are available on an emergency basis, immediately responsive to family needs at a time of extreme stress.					
5.5 Sitter Services: Services provided for the care of an individual away from his home or in the home involving temporary separation from his family for short specified periods of time on a regular or intermittent basis for the purpose of relieving the family of his care.					
5.6 Respite Care: Services provided for short-term residential care involving temporary separation of an individual from his family for specified periods of time on a regular or intermittent basis.					

	Our Group Presently Provides This Service	Our Group Funds This Type of Service	This Service Would Be Appropriate for our Agency to Deliver	How Many are Currently Being Served? Handicapped	Deaf/Blind (If Avail.)
5.7 Homemaking: (1) Chore and/or personal care services which must be provided to a developmentally disabled individual or his family to enable him to remain in his own home. These services may include, but are not necessarily limited to, housecleaning, laundry, meal planning and preparation, feeding, bathing, shaving, dressing, etc. (2) Services include training.					
5.8 Home Delivery of Meals					

6.0 LIVING ARRANGEMENTS

These services provide a wide range of living arrangements for developmentally disabled persons.

6.1 Board and Room Living: A living situation for those individuals who can maintain or remain in an essentially unsupervised living situation.					

	Our Group Presently Provides This Service	Our Group Funds This Type of Service	This Service Would Be Appropriate for our Agency to Deliver	How Many are Currently Being Served? Handicapped	Deaf/Blind (If Avail.)
6.2 Group Home Care: A closely supervised living situation. Training is provided in the following areas: self-help skills, independent living skills, social behaviors, communication, education, vocational training and adjustment, recreation, and community orientation.					
6.3 Foster Care: A family home which is willing to accept persons needing supervision within the context of a program of supporting services.					
6.4 Sheltered Care: A facility which provides residential care on a long-term basis for highly dependent persons without severe medical problems. The program of services should include stimulation of abilities and comprehensive recreational activities.					

	Our Group Presently Provides This Service	Our Group Funds This Type of Service	This Service Would Be Appropriate for our Agency to Deliver	How Many are Currently Being Served? Handicapped	Deaf/Blind (If Avail.)
6.5 Nursing Home Care: A facility which is intended for the residential care, treatment and training of dependent persons. The facility is geared to serving the needs of persons with severe physical handicaps or medical problems on a relatively long-term basis.					
6.6 Institutional Care: A self-contained facility, usually large in size, which provides residential care, medical treatment, and training for deaf/blind people.					
6.7 Modified Living Environments: 1) Construction or renovation 2) modification of existing environments to accomodate the handicapping condition.					

7.0 VOCATIONAL SERVICES

These services assist a developmentally disabled person in finding employment or other meaningful adult occupation.

	Our Group Presently Provides This Service	Our Group Funds This Type of Service	This Service Would Be Appropriate for our Agency to Deliver	How Many are Currently Being Served? Handicapped	Deaf/Blind (If Avail.)
7.1 Vocational Evaluation: An appraisal of individual's employability for appropriate occupational placement or for devising an individualized program of training.					
7.2 Vocational Training: An individualized program designed to increase a person's employability. The program may include (1) prevocational skills training					
(2) occupational skills training					
(3) work adjustment training.					
7.3 Placement Couseling: Services which assist an individual in finding employment that is consistent with his capabilities and interests.					

	Our Group Presently Provides This Service	Our Group Funds This Type of Service	This Service Would Be Appropriate for our Agency to Deliver	How Many are Currently Being Served? Handicapped	Deaf/Blind (If Avail.)
7.4 Sheltered Employment: A structured program of activities involving: (1) short-term employment designed to affect placement in the competitive labor market, or (2) extended, long-term employment in a protective environment.					
7.5 Activity Center Program: An organized program which provides a dignified and meaningful work, social, and recreational activities on a daily basis for adults who are not yet ready to engage in competitive or sheltered employment.					
7.6 Other Vocational Services: Employers who will employ deaf/blind persons on an individual or collective basis who require a minimum of supervision.					

8.0 RECREATIONAL SERVICES

These services refer both to the therapeutic use of recreation and to the use of recreation for filling leisure time.

	Our Group Presently Provides This Service	Our Group Funds This Type of Service	This Service Would Be Appropriate for our Agency to Deliver	How Many are Currently Being Served? Handicapped	Deaf/Blind (If Avail.)
8.1 Therapeutic Recreation: Purposeful intervention through recreational activities to modify, improve, or reinforce specific physical, emotional or social behaviors.					
8.2 Leisure Time Recreation: The provision of a variety of ongoing programs and activities. (1) to permit individualized selection (2) programs may include the teaching of skills related to the recreational activity selected.					
8.3 Library Services: The provision of current reading materials in a mode useable by the deaf/blind, i.e. brailling, tapes, readers.					

9.0 INDIRECT SERVICES

These services refer to activities and interventions undertaken on behalf of handicapped people but not directly with handicapped people for the purpose of solving their specific problems.

	Our Group Presently Provides This Service	Our Group Funds This Type of Service	This Service Would Be Appropriate for our Agency to Deliver	How Many are Currently Being Served? Handicapped	Deaf/Blind (If Avail.)
9.1 Public Education: Dissemination of information to the general public, including educators, legislators, employers, physicians, service agencies and parents, concerning needs and rights of the deaf/blind population.					
9.2 Primary Prevention: The elimination or reduction of those factors in life which frequently result in a higher incidence of deaf/blindness.					
9.3 Systems Advocacy: Systems advocacy can be conceived as a social movement aimed at preventing problems and rendering the service delivery system accountable and responsive to its clients.					

	Our Group Presently Provides This Service	Our Group Funds This Type of Service	This Service Would Be Appropriate for our Agency to Deliver	How Many are Currently Being Served? Handicapped	Deaf/Blind (If Avail.)
9.4 Manpower Development: An integrated program of (1) recruitment, (2) preservice training, and (3) inservice training aimed at assuring the availability of an adequate present and future supply of qualified personnel to provide services to deaf/blind people.					
9.5 Planning Coordination: Planning bodies (agencies, citizens' groups and individuals) working together toward the good of deaf/blind citizens.					
9.6 Data Management: The systematic collection, integration, and dissemination of information about the quantity, quality, and effectiveness of services for deaf/blind people in order to enhance the procedures of planning, implementing, and evaluating the impact of these services.					

	Our Group Presently Provides This Service	Our Group Funds This Type of Service	This Service Would Be Appropriate for our Agency to Deliver	How Many are Currently Being Served? Handicapped	Deaf/Blind (If Avail.)
9.7 Funding: 1) Identification of local funds specifically designated to research, programs, services for the deaf/blind population.					
2) Identification of state funds specifically designated to research, programs, services for the deaf/blind population.					
3) Identification of federal funds specifically designated to research, programs, services for the deaf/blind population.					
9.8 Basic Research: Research related to the disability of deaf/blindness.					

February 20, 1981

To Whom It May Concern:

The Kansas P.L.A.N. for Deaf-Blind Task Force is a group of representatives from agencies and organizations who provide services to deaf-blind individuals and their families in Kansas. The purpose of the task force is to analyze our present services and plan for a service delivery system which will provide for the needs of deaf-blind individuals and their families from birth to death. The goal of the project is to formulate a model plan which is easily accessible and does not permit any individual to be lost in the process over the course of the years.

In order to plan for such a system, it is necessary for us to first determine what the needs are for deaf-blind individuals and their families, and how well those needs are presently being met. Please help us by completing the enclosed forms and returning them to us by March 16, 1981. Your diligence and candor in filling out these forms will help us tremendously in our planning. Feel free to make comments concerning any specific item or add information which might be helpful. Please contact Penny Gottula if you have any questions.

Let us thank you in advance for your help.

Sincerely,

Phyllis Kelly, Director
Programs for Severely Handicapped
Special Education Administration

Penny Gottula
Task Force Coordinator
Special Education Administration

Enclosures

[illegible]thr

CHECKLIST ASSESSMENT OF THE NEEDS FOR VARIOUS DEAF/BLIND RELATED SERVICES

COMPLETED BY: _____
Relationship to deaf/blind individual

ADDRESS: _____

_____

_____

TELEPHONE: ( ) _____

Name of deaf/blind individual:

_____

Age: _____

Address: _____

_____

_____

TELEPHONE: ( ) _____
Area Code

1.0 GENERAL SUPPORTIVE SERVICES

These services provide the client and his family with support and assistance in finding and securing the services that they need throughout their lives.

	Yes, it is available and I found the service to be		I don't know if this service is available		No, this service is not available and is needed	Other (Please Comment)
	Satisfactory	Unsatisfactory	I never asked	I asked but couldn't find it		
1.1 Casefinding: (1) systematically identifying persons in need of services;						
(2) alerting persons and their families to the availability of services;						
(3) and assisting persons to enter the service delivery system.						
1.2 Information and Referral: The development and use of a system which can supply information about, and referral to, appropriate community resources.						
1.3 Coordination of Services: (1) procuring direct services,						
(2) coordinating the services of different agencies,						
(3) and monitoring the progress of the client.						

	Yes, it is available and I found the service to be		I don't know if this service is available		No, this service is not available and is needed	Other (Please Comment)
	Satis-factory	Unsatis-factory	I never asked	I asked but couldn't find it		
1.4 Follow Along: Regular communication on a life-long basis with clients and their families to assure changes in service needs are recognized and met.						
1.5 Protective Services: Guidance to safeguard the legal rights of the developmentally disabled by assuring that they receive appropriate services and by preventing their abuse.						
1.6 Citizen Advocacy: A competent citizen to assist and befriend a developmentally disabled person in coping with his problems; providing help and affection in a one-to-one relationship.						
1.7 Guardianship Services: (1) The determination of whether or not a developmentally disabled individual requires personal or property guardianship, (2) Assistance in the procurement of guardianship when appropriate.						

	Yes, it is available and I found the service to be		I don't know if this service is available		No, this service is not available and is needed	Other (Please Comment)
	Satis-factory	Unsatis-factory	I never asked	I asked but couldn't find it		
1.8 Transportation: Programs which enable developmentally disabled people to travel around the communities in which they (1) live (i.e., shopping, doctor/dental appt's.), (2) work, (3) go to school.						

2.0 IDENTIFICATION AND ASSESSMENT

These services are aimed at identifying people from the general population who might be deaf/blind, following through with assessment procedures and developing recommendations for specific services that are needed.

	Yes, it is available and I found the service to be		I don't know if this service is available		No, this service is not available and is needed	Other (Please Comment)
	Satisfactory	Unsatisfactory	I never asked	I asked but couldn't find it		
2.1 Screening: Testing individuals to identify problems or possible problems.						
2.2 Diagnosis: Comprehensive testing to identify specific areas of delay and/or deviance and to specify causes where possible.						
2.3 Evaluation: Systematic appraisal by a multidisciplinary team: (1) to determine the extent to which the deaf/blindness limits or can be expected to limit an individual's activities; (2) to determine how and to what extent the disabling conditions may be remediated or minimized; (3) to determine the nature and scope of services to be provided; (4) to select service objectives;						

	Yes, it is available and I found the service to be		I don't know if this service is available		No, this service is not available and is needed	Other (Please Comment)
	Satis-factory	Unsatis-factory	I never asked	I asked but couldn't find it		
(5) and to devise an individualized action plan for intervention.						

3.0 TREATMENT

These services involve primarily mental and physical health needs. Whenever possible, these services are provided by generic agencies and professionals who serve the entire population, relying on special services for deaf/blind people only as a last resort.

3.1 Medical Services: The service of diagnosing, treating, curing, and preventing disease, relieving pain, and improving and preserving health.						
3.2 Prosthetic Services: (1) Prescribing,						
(2) periodic checking						
(3) maintenance of prosthetic equipment, i.e., hearing aides, eyeglasses, braces, etc.						
3.3 Dental Services: Preventive and restorative treatment for the teeth.						

95

	Yes, it is available and I found the service to be		I don't know if this service is available		No, this service is not available and is needed	Other (Please Comment)
	Satis-factory	Unsatis-factory	I never asked	I asked but couldn't find it		
3.4 Speech Therapy: Services which deal with improving communication, i.e. speech, signing, communication boards, language usage.						
3.5 Physical Therapy: Therapuetic use of physical agents other than drugs (i.e., physical, chemical, and other properties of heat, light, water, electricity, massage, exercise, and radiation) to maintain or increase efficiency of neuromuscular-musculo, skeletal, cardio-vascular, and respiratory systems.						
3.6 Occupational Therapy: Therapeutic use of activities such as self-help skills, arts and crafts, and perceptual motor activities to encourage clients to become motivated toward achieving their own normalization.						
3.7 Psychotherapy: Intensive psychological or behavioral therapy aimed at alleviating severe emotional and/or behavioral disorders.						

	Yes, it is available and I found the service to be		I don't know if this service is available		No, this service is not available and is needed	Other (Please Comment)
	Satis-factory	Unsatis-factory	I never asked	I asked but couldn't find it		
3.8 General Counseling: Regularly scheduled intervention, the primary focus of which, is upon solving interpersonal problems such as disability acceptance, overanxiety, overprotection, and the ability to cope with daily demands which result from the client's disability.						

4.0 EDUCATIONAL SERVICES

These services refer to programs that are designed to enhance growth and development in the areas of motor, self-help, communication, social, academic, prevocational, vocational, and independent living skills.

4.1 Preschool Services: Programs for children age 0 to 6 years offering structured training in communication, motor, self-help, and social skills. 1) facility-based 2) home-based						
4.2 Educational Services for Mildly Handicapped: Programs which emphasize academic, social, and communicative skills at the primary and intermediate levels, and prevocational, vocational, and independent living skills at the secondary level.						

	Yes, it is available and I found the service to be		I don't know if this service is available		No, this service is not available and is needed	Other (Please Comment)
	Satis-factory	Unsatis-factory	I never asked	I asked but couldn't find it		
4.3 Educational Services for the Moderately, Severely, and Profoundly Handicapped: Programs, which emphasize motor, communication, self-help, social and appropriate academic skills at the primary and intermediate levels, and appropriate prevocational, vocational, and independent living skills at the secondary level.						
4.4 Adult Basic Education: Educational opportunities in any of the following areas for adults who did not achieve their maximum level of competency while eligible for public school: communication, social, academic, prevocational, vocational, and independent living skills.						
4.5 Special School Services: Services which are provided in conjunction with other educational programs that respond to the specific needs related to physically						

	Yes, it is available and I found the service to be		I don't know if this service is available		No, this service is not available and is needed	Other (Please Comment)
	Satis-factory	Unsatis-factory	I never asked	I asked but couldn't find it		
handicapping conditions of individuals who are blind, deaf, epileptic, and/or non-ambulatory.						
(1) materials and books						
(2) readers						
(3) interpreters						
(4) brailling services						
(5) adaptive educational devices/aids						

5.0 FAMILY SUPPORT SERVICES

These services help families cope effectively with the presence of a developmentally disable person in their home. The primary objective of all the family support services is to prevent institutionalization of the developmentally disabled person.

5.1 Family Training: Training for family members which provides knowledge and skills needed to assist the impaired person by augmenting the services provided outside the home with a program of activities inside the home.						
5.2 Family Planning: Counseling services related to all aspects of pregnancy and child rearing, including knowledge of contraception and careful consideration of whether or not to parent children.						

	Yes, it is available and I found the service to be		I don't know if this service is available		No, this service is not available and is needed	Other (Please Comment)
	Satisfactory	Unsatisfactory	I never asked	I asked but couldn't find it		
5.3 Genetic Counseling: Information and advice concerning the biological probabilities of giving birth to a developmentally disabled child.						
5.4 Crisis Intervention: Counseling services which are available on an emergency basis, immediately responsive to family needs at a time of extreme stress.						
5.5 Sitter Services: Services provided for the care of an individual away from his home or in the home involving temporary separation from his family for short specified periods of time on a regular or intermittent basis for the purpose of relieving the family of his care.						
5.6 Respite Care: Services provided for short-term residential care involving temporary separation of an individual from his family for specified periods of time on a regular or intermittent basis.						

	Yes, it is available and I found the service to be		I don't know if this service is available		No, this service is not available and is needed	Other (Please Comment)
	Satis-factory	Unsatis-factory	I never asked	I asked but couldn't find it		
5.7 Homemaking: (1) Chore and/or personal care services which must be provided to a developmentally disabled individual or his family to enable him to remain in his own home. These services may include, but are not necessarily limited to, housecleaning, laundry, meal planning and preparation, feeding, bathing, shaving, dressing, etc. (2) Services include training.						
5.8 Home Delivery of Meals						

6.0 LIVING ARRANGEMENTS

These services provide a wide range of living arrangements for developmentally disabled persons.

6.1 Board and Room Living: A living situation for those individuals who can maintain or remain in an essentially unsupervised living situation.						

	Yes, it is available and I found the service to be		I don't know if this service is available		No, this service is not available and is needed	Other (Please Comment)
	Satis-factory	Unsatis-factory	I never asked	I asked but couldn't find it		
6.2 Group Home Care: A closely supervised living situation. Training is provided in the following areas: self-help skills, independent living skills, social behaviors, communication, education, vocational training and adjustment, recreation, and community orientation.						
6.3 Foster Care: A family home which is willing to accept persons needing supervision within the context of a program of supporting services.						
6.4 Sheltered Care: A facility which provides residential care on a long-term basis for highly dependent persons without severe medical problems. The program of services should include stimulation of abilities and comprehensive recreational activities.						

	Yes, it is available and I found the service to be		I don't know if this service is available		No, this service is not available and is needed	Other (Please Comment)
	Satis-factory	Unsatis-factory	I never asked	I asked but couldn't find it		
6.5 Nursing Home Care: A facility which is intended for the residential care, treatment and training of dependent persons. The facility is geared to serving the needs of persons with severe physical handicaps or medical problems on a relatively long-term basis.						
6.6 Institutional Care: A self-contained facility, usually large in size, which provides residential care, medical treatment, and training for deaf/blind people.						
6.7 Modified Living Environments: 1) Construction or renovation 2) modification of existing environments to accomodate the handicapping condition.						

7.0 VOCATIONAL SERVICES

These services assist a developmentally disabled person in finding employment or other meaningful adult occupation.

	Yes, it is available and I found the service to be		I don't know if this service is available		No, this service is not available and is needed	Other (Please Comment)
	Satis-factory	Unsatis-factory	I never asked	I asked but couldn't find it		
7.1 Vocational Evaluation: An appraisal of individual's employability for appropriate occupational placement or for devising an individualized program of training.						
7.2 Vocational Training: An individualized program designed to increase a person's employability. The program may include (1) prevocational skills training (2) occupational skills training (3) work adjustment training.						
7.3 Placement Couseling: Services which assist an individual in finding employment that is consistent with his capabilities and interests.						

	Yes, it is available and I found the service to be		I don't know if this service is available		No, this service is not available and is needed	Other (Please Comment)
	Satisfactory	Unsatisfactory	I never asked	I asked but couldn't find it		
7.4 Sheltered Employment: A structured program of activities involving: (1) short-term employment designed to affect placement in the competitive labor market, or (2) extended, long-term employment in a protective environment.						
7.5 Activity Center Program: An organized program which provides a dignified and meaningful work, social, and recreational activities on a daily basis for adults who are not yet ready to engage in competitive or sheltered employment.						
7.6 Other Vocational Services: Employers who will employ deaf/blind persons on an individual or collective basis who require a minimum of supervision.						

8.0 RECREATIONAL SERVICES

These services refer both to the therapeutic use of recreation and to the use of recreation for filling leisure time.

	Yes, it is available and I found the service to be		I don't know if this service is available		No, this service is not available and is needed	Other (Please Comment)
	Satis-factory	Unsatis-factory	I never asked	I asked but couldn't find it		
8.1 Therapeutic Recreation: Purposeful intervention through recreational activities to modify, improve, or reinforce specific physical, emotional or social behaviors.						
8.2 Leisure Time Recreation: The provision of a variety of ongoing programs and activities. (1) to permit individualized selection (2) programs may include the teaching of skills related to the recreational activity selected.						
8.3 Library Services: The provision of current reading materials in a mode useable by the deaf/blind, i.e. brailling, tapes, readers.						

9.0 INDIRECT SERVICES

These services refer to activities and interventions undertaken on behalf of handicapped people but not directly with handicapped people for the purpose of solving their specific problems.

	Yes, it is available and I found the service to be		I don't know if this service is available		No, this service is not available and is needed	Other (Please Comment)
	Satis-factory	Unsatis-factory	I never asked	I asked but couldn't find it		
9.1 Public Education: Dissemination of information to the general public, including educators, legislators, employers, physicians, service agencies and parents, concerning needs and rights of the deaf/blind population.						
9.2 Primary Prevention: The elimination or reduction of those factors in life which frequently result in a higher incidence of deaf/blindness.						
9.3 Systems Advocacy: Systems advocacy can be conceived as a social movement aimed at preventing problems and rendering the service delivery system accountable and responsive to its clients.						

	Yes, it is available and I found the service to be		I don't know if this service is available		No, this service is not available and is needed	Other (Please Comment)
	Satis-factory	Unsatis-factory	I never asked	I asked but couldn't find it		
9.4 Manpower Development: An integrated program of (1) recruitment, (2) preservice training, and (3) inservice training aimed at assuring the availability of an adequate present and future supply of qualified personnel to provide services to deaf/blind people.						
9.5 Planning Coordination: Planning bodies (agencies, citizens' groups and individuals) working together toward the good of deaf/blind citizens.						
9.6 Data Management: The systematic collection, integration, and dissemination of information about the quantity, quality, and effectiveness of services for deaf/blind people in order to enhance the procedures of planning, implementing, and evaluating the impact of these services.						

	Yes, it is available and I found the service to be		I don't know if this service is available		No, this service is not available and is needed	Other (Please Comment)
	Satis-factory	Unsatis-factory	I never asked	I asked but couldn't find it		
9.7 Funding: 1) Identification of local funds specifically designated to research, programs, services for the deaf/blind population.						
2) Identification of state funds specifically designated to research, programs, services for the deaf/blind population.						
3) Identification of federal funds specifically designated to research, programs, services for the deaf/blind population.						
9.8 Basic Research: Research related to the disability of deaf/blindness.						

PLEASE LIST THE 5 MOST IMPORTANT SERVICES NEEEDED IN ORDER OF IMPORTANCE
(1= MOST IMPORTANT . . . IN YOUR OPINION. ELABORATE ON THE NEEDS IF NEEDED

1. _____

_____

_____

2. _____

_____

_____

3. _____

_____

_____

4. _____

_____

_____

5. _____

_____

_____

Thank you. Please return in the enclosed,
preaddressed, postage-paid envelope.

SEAA/2.

THIS LIST IS NOT NECESSARILY ALL INCLUSIVE. LIST NEEDS THAT YOU HAVE HAD FOR WHICH YOU WERE NEVER ABLE TO FIND ASSISTANCE. PROVIDE ANY DETAIL ABOUT YOUR EXPERIENCE WHICH MIGHT BE HELPFUL.

1. _____

2. _____

3. _____

4. _____

5. _____

APPENDIX B

KANSAS P.L.A.N. TASK FORCE MEETING

May 26, 1981

Discussion Leaders' Guidelines

The purpose of today's session is to review plans for coordinating services to the deaf/blind in 1981-2 and beyond.

At four points during the day the task force will be divided into small groups to discuss specific issues. These discussions are intended to involve every individual here in the decision-making process.

We greatly appreciate your willingness to contribute by leading these discussions. Your role will be fourfold:

1) to raise the key issues
2) to invite comments from members of your group
3) to see that all comments are respected and recorded
4) to support dialogue about controversial ideas and to suggest ways to reconcile the differences that emerge.

On the attached pages are guidelines for each discussion period. We offer specific purposes and suggest step-by-step procedures for each. Feel free to depart from them when it seems better to do so.

We want to thank you, in advance, for assuming this added responsibility at today's meeting.

KANSAS P.L.A.N. TASK FORCE MEETING

May 26, 1981

Session #1: Reviewing the Kansas Model

PURPOSE: To review the long-range plan for coordination of services and to answer the following questions:

1. Which criteria (as described on pages 2, 3, and 4 of Document #4) is the plan likely to meet as well as possible?
2. What changes in the plan (if any) might help us to meet the criteria more effectively?

METHOD:

1. Please read the "Purpose" section above aloud to your group.
2. Ask the members, "Do you think you understand the Kansas plan just described well enough to discuss its merits?"
3. Ask someone to serve as recorder and reporter of the ideas proposed in your group. Give him/her the "Discussion Recorder's Guidelines."
4. Ask someone else to read aloud the first paragraph under "Criteria for Design" on page 2 of Document #4 ("Scope of Services")
5. Ask for comments about Purpose #1 (i.e., "Does the plan promise to meet the criteria of this paragraph as well as possible?")
6. Ask for comments about Purpose #2 (i.e., "Are there changes which might help the plan better meet these criteria?")
7. Ask someone else to read aloud the second paragraph ("Coordination").
8. Repeat steps #5 and #6.
9. Continue reading these criteria aloud (paragraph by paragraph) and reviewing the plan until you have completed page 4, or until the time is up.
10. Thank the group for their contributions and indicate to Penny or Rhonda when your group is done.

KANSAS P.L.A.N. TASK FORCE MEETING

May 26, 1981

SESSION #2: PLANNING THE REGIONAL NETWORK

PURPOSE: To suggest an approach to regional-level coordination of services by answering these questions:

1. How should we break the state down into regions?
2. How should regional coordinators be chosen?

METHOD:

1. Please read aloud the "Purpose" section (above) to your group.
2. Ask the members: "What basis (criteria, rationale, etc.) should we use for breaking the state down into regions?"
3. Elicit <u>all</u> the suggestions groups members have for approaches to regionalizing. Then encourage dialogue between members to reconcile conflicting views. If consensus can't be reached, just ask the recorder to jot down each of the proposals.
4. After a method is determined, ask: "If we use this approach, what counties (or general areas) would comprise each region?"
5. After the regions have been determined, ask: "How might the regional coordinators be chosen?"
6. Elicit <u>all</u> the suggestions group members have for identifying regional coordinators. Then encourage dialogue between members to work out a compromise among different views. If consensus can't be reached, just ask the recorder to jot down each of the proposals.
7. Thank the group and indicate to Penny and Rhonda when your group is done.

KANSAS P.L.A.N. TASK FORCE MEETING

May 26, 1981

SESSION #3: PLANNING IN-SERVICE WORK

PURPOSE: To plan in-service programs for 1981-2 by answering the following questions:

1. What should be the overall and specific goals of in-service offerings?
2. Who should attend them?
3. Where, when, and by whom should they be offered?

METHOD:

1. Please read aloud the "Purpose" section (above) to your group.
2. Pose question #1 to the group. It might be paraphrased, considering our earlier discussion, who needs to know what about providing care for the deaf/blind?"
   a. The intent in this discussion is to make recommendations to the Kansas P.L.A.N. staff, not concrete plans. Therefore, each member's suggestion(s) should be included, rather than trying to reach consensus.
3. Pose questions #2 and 3 when appropriate. These explore the "arrangements" for in-service programs--again, seek suggestions, not decisions.
4. Indicate to Penny or Rhonda when your group is done and thank them (and yourself!) for a hard day's work.

KANSAS P.L.A.N. TASK FORCE MEETING

May 26, 1981

DISCUSSION RECORDERS' GUIDELINES

The purpose of today's session is to review plans for coordinating services to the deaf/blind in 1981-2 and beyond.

At four points during the day the task force will be divided into small groups to discuss specific issues. These discussions are intended to involve every individual here in the decision making process.

To be sure that participants' comments are carefully considered by the Kansas P.L.A.N. staff after this meeting is over, we need to have some record of what was said. We really appreciate your willingness to contribute to this process by jotting down the main ideas presented.

Attached are forms for you to use in recording the essence of people's contributions at each session. We hope they will help you in organizing your notes. (Don't feel constrained by them--use any format that works for you)

We want to thank you in advance for assuming this added responsibility at today's meeting.

KANSAS P.L.A.N. TASK FORCE MEETING

May 26, 1981

SESSION #1: REVIEWING THE KANSAS MODEL

INSTRUCTIONS: Next to each criterion (listed in the left-hand column) check either "Okay" (if the group generally is satisfied that the plan meets that criterion) or record the suggestion(s) made to improve the plan.

CRITERIA:	OKAY	SUGGESTIONS
Scope of services		
Coordination		
Centralized		
Efficiency		
Client-centered		
Simplicity/Understood		
Access		
Realistic		

CRITERIA	OKAY	SUGGESTIONS
Accountability and Monitoring		
Needed Services		
Involvement in Planning and Operations		

KANSAS P.L.A.N. TASK FORCE MEETING

May 26, 1981

SESSION #2: PLANNING THE REGIONAL NETWORK

INSTRUCTIONS: List below each question the ideas proposed by the members of your group. Use another sheet if necessary.

1. What basis (criteria, rationale, etc.) should we use for breaking the state down into regions?

2. What counties (or general areas) should comprise each region?

3. How might the regional coordinators be chosen?

KANSAS P.L.A.N. TASK FORCE MEETING

May 26, 1981

SESSION #3: PLANNING IN-SERVICE WORK

INSTRUCTIONS:

We want to develop a detailed list of the group's suggestions regarding (1) what kinds (goals, content, etc.) of in-service might be provided next year and (2) how those programs might be arranged.

Jot down in the columns below whatever is proposed in each category, juxtaposing purpose and procedures for each training event whenever possible.

IDEAS ABOUT GOALS, CONTENT, PURPOSE ETC.	IDEAS ABOUT PARTICIPANTS, PLACES, INSTRUCTORS, ETC.

APPENDIX C

TASK FORCE MEETING EVALUATION

Instructions: For the first part of this evaluation form, rate the group on the items using the 5-point rating scale. Circle the rating for each item.

1 Very Low — 2 Low — 3 so-so — 4 High — 5 Very High

1.	The extent to which the known information was brought out in the exercises and shared (productivity).	1 2 3 4 5
2.	The extent to which items were thoroughly explored for possibilities (completeness of average).	1 2 3 4 5
3.	The extent to which you were made to feel a part of the group (cohesiveness).	1 2 3 4 5
4.	The extent to which you felt comfortable in working with this group (comfort).	1 2 3 4 5
5.	The extent to which they stayed on task and moved along to meet the objectives of the exercise (efficiency).	1 2 3 4 5
6.	The extent to which the group met objectives (effectiveness).	1 2 3 4 5
7.	The extent to which reluctant participants were drawn out and dominant and assertive participation was minimized.	1 2 3 4 5
8.	The extent to which contributions were accurately and completely captured.	1 2 3 4 5
9.	The worthiness of these activities.	1 2 3 4 5
10.	The extent to which you personally benefitted from these exercises.	1 2 3 4 5
11.	The extent to which you feel you support the overall effort to develop a Statewide Plan and ultimately a continuous care program.	1 2 3 4 5
12.	What is the likelihood of accomplishing the goals set for the Task Force?	1 2 3 4 5
13.	What will be the impact of these goals on Deaf-Blind programs in Kansas?	1 2 3 4 5

What was of most value to you in this meeting?

What was of least value to you in this meeting?

What suggestions do you have for future meetings of the Steering Committee?

Additional comments or recommendations?

Signature (optional) _____

Thank you for completing this evaluation form.

APPENDIX D

Kansas PLAN for Deaf-Blind

(Participative Life-long Plan for Affecting Needs for Deaf-Blind)
120 E. 10TH STREET • TOPEKA, KANSAS 66612
TELEPHONE (913) 296-3784

June 2, 1981

Dr. William Albott
President Elect
Kansas Psychological Association
Topeka State Hospital
2700 West Sixth
Topeka, Kansas 66606

Dear Dr. Albott:

The project year for the Kansas P.L.A.N. will be ending June 30, 1981, and the project staff would like to take this opportunity to thank you for your contribution to the planning. We have enjoyed meeting and working with those of you who were new to us, and enjoyed the continued association with those we had worked with previously. Your committment, time, enthusiasm, and contribution of resources, materials, information, and ideas are all appreciated.

We also look forward to a continued affiliation next year when our efforts will be directed toward implementing the model service delivery system throughout Kansas. Thank you again.

Sincerely,

Phyllis Kelly, Project Director
Kansas P.L.A.N. for Deaf-Blind
Kansas State Department of Education

Rhonda Eye, Outreach Specialist
Deaf-Blind Services
Kansas State Department of Education

Penny Gottula, Coordinator
Kansas P.L.A.N. for Deaf-Blind
Kansas State Department of Education

APPENDIX E

NAME: _____

AGENCY: _____

ADDRESS: _____

TELEPHONE: _____

KANSAS P.L.A.N. FOR DEAF-BLIND
DOCUMENT EVALUATION

To provide feedback on how well we have captured the year's work in print, we would appreciate it if you took the time to complete this evaluation form. Mark one of the three choices for each document in the space provided for the first ten questions.

Thank you for your cooperation through the year in helping to formulate the Kansas P.L.A.N. and for helping with this final task of the project year.

	DOCUMENT					
	1	2	3	4	5	6
1. What is your reaction to the format and style of writing?						
Clear and concise						
Adequate						
Vague						
2. Overall, how relevant is this document to the Kansas P.L.A.N. for Deaf/Blind services?						
Relevant						
Somewhat relevant						
Not relevant						
3. How would you rate the accuracy of the content of this document?						
Accurate						
Somewhat accurate						
Not accurate.						
4. How would you rate this document with regard to its usefulness?						
Very useful						
Moderately useful						
Not useful.						
5. How would you rate the practical value of this document to you?						
Very valuable						
Moderately valuable						
Not valuable						
6. Overall, what is your understanding of this document?						
I understand it well						
I understand it somewhat						
I have little understanding of it						

DOCUMENT

	1	2	3	4	5	6
7. How effective is this document in communicating the Kansas P.L.A.N.?						
Very effective						
Moderately effective						
Not very effective						
8. How helpful is this document in providing services to Deaf/Blind?						
Very helpful						
Moderately helpful						
Not very helpful						
9. In your opinion, indicate the amount of change in the services provided to Deaf/Blind in Kansas which will come about by this document.						
Great improvement						
Moderate improvement						
No improvement						
10. Overall, how satisfied are you with this document?						
Completely satisfied						
Moderately satisfied						
Dissatisfied						

What specific suggestions do you have for any of these documents that could improve, modify, or change them in any way?

_____

_____

_____

Has anything been omitted from these documents that should have been included?

_____

_____

_____

Are there any things which have been included in these documents which should be deleted?

_____

_____

_____

Thank you for your feedback regarding these documents.

RETURN TO: Penny Gottula, Coordinator
Kansas P.L.A.N. for Deaf-Blind
Special Education Administration
120 East Tenth
Topeka, Kansas 66612

APPENDIX F

CONSIDERATIONS FOR THE
SERVICES DELIVERY SYSTEM

Read each item critically. Check one of the three boxes. If the item needs rewriting, use the space provided beneath. Consider the list as a whole. Is it categorized appropriately? Is it complete? Is it redundant? Use extra sheets to add items.

CONSIDERATIONS FOR THE
SERVICES DELIVERY SYSTEM

Acceptable as is	Needs rewriting	Not needed	

General Requirements

☐	☐	☐	1. The system should be efficient (minimal duplication and wasted effort and optimal use of all resources);
☐	☐	☐	2. The system should be acceptable to the majority of clients and service providers;
☐	☐	☐	3. The system should be realistic and able to be implemented within actual situation (availability of resources, functional time constraints, etc);
☐	☐	☐	4. The system should be client centered;
☐	☐	☐	5. The system should be comprised of birth to death services for deaf blind individuals;
☐	☐	☐	6. The system should be comprehensive (health, education, transportation, etc.);
☐	☐	☐	7. The system should be continuous (no cracks for D/B cases to fall in);
☐	☐	☐	8. The system should be easily accessible by users (central office and knowledgeable person);

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Acceptable as is	Needs rewriting	Not needed	
☐	☐	☐	9. The system should strive for simplicity rather than complexity;
☐	☐	☐	10. The system should be understood by users and providers;
☐	☐	☐	11. The system should be coordinated;
☐	☐	☐	12. The system should be effective (reliably and quickly meets needs of client population);

Specific Requirements

☐	☐	☐	1. The system should be refinable (as more is learned from experiences with operations and outcomes);
☐	☐	☐	2. The system should have quick feedback loop for detecting malfunctions of system;
☐	☐	☐	3. The system should include options and choice wherever possible for clients;
☐	☐	☐	4. The system should have empirically determined priorities for various aspects of systems;
☐	☐	☐	5. The system should contain back-up strategies where possible;

Acceptable as is	Needs rewriting	Not needed	
☐	☐	☐	6. The system should have clear accountability aspects;
☐	☐	☐	7. The system should be within the legal and quasi-legal constraints or within purposed changes in constraints;
☐	☐	☐	8. The system should be responsibe to actual (empirically determined) needs;
☐	☐	☐	9. The system should recognize that service needs change with age and individual development;
☐	☐	☐	10. The system should be capable of meeting the varied needs of all levels of intellectual functioning deaf blind;
☐	☐	☐	11. The system should be routinely monitored as to its ability to help and towards possible needs for future refinement, modification or elimination;
☐	☐	☐	12. The system should include the special scheduling of planning efforts for "developmental milestone periods" such as:

1. following initial recognition, certification and diagnostic work-up;
2. pre-school period where sufficiency of maturation allow teaching/learning experiences
3. entrance into first formal school program;
4. at time of entry into any institutional setting;
5. at time of transition from one education program to another;
6. pre-vocational;
7. entry into work setting and job changes or upgrading;
8. movement from one living situation to another and movement to more independent living situation (includes leaving parents' home, marriage, changing foster parents, institutional change, etc.);
9. pre-retirement.

Acceptable as is	Needs rewriting	Not needed	
☐	☐	☐	13. The system should utilize a standardized planning form for use in completing the overall individual plan for deaf-blind individuals. The form should handle the necessary aspects of the I.E.P., the program planning forms used by the institutions under KSDE and SRS, the I.H.P., and other similar records. The form should be a cumulative record (with feeder report forms for all service providers involved with the client). The planning form should allow for specific goals and objectives that can be monitored, evaluated, and expanded on as the plan unfolds. Objectives in service to goals should be set at one year and five year periods.
☐	☐	☐	14. The system should provide for a program coordinator who will be responsible for coordinating the implementation and setting up a central clearinghouse and referral office.
☐	☐	☐	15. The system should be designed so as to be feasibly implemented within the availability of funds.
☐	☐	☐	16. The delivery system must have and follow written policies and procedures that protect the confidentiality of personally identifiable information on each deaf-blind child.
☐	☐	☐	17. Priority should be given to early intervention and early stimulation and training.
☐	☐	☐	18. The parameters set for this continuum of services for the deaf blind should be expanded to include prevention, prenatal and parinatal considerations.
☐	☐	☐	19. The system should provide for continuing evaluation of the effectiveness of each program and/or service covered in the State registry and State Plan either directly or by contract with independent organizations.

Acceptable as is	Needs rewriting	Not needed	
☐	☐	☐	20. Complete and up-to-date O.I.P.'s for all Kansas deaf-blind individuals shall be located in a designated central depository (office) and with component elements located with appropriate servicing agencies and groups. A complete and up-to-date O.I.P. shall be located with the parent(s) or guardian(s) of each dependent deaf-blind child.
☐	☐	☐	21. The system should maintain a current and complete listing of all Kansas deaf-blind individuals and should maintain an Overall Individual Plan (O.I.P.) for each deaf-blind individual that includes an IEP as well as an individual care, health, career education, financial, transportation, adjustment, and recreational plan or aspects of a total plan. This O.I.P. would be revised annually and also contain a full diagnostic record and the full history of efforts and progress in each area. Planning should be done specifically for a one-year period, more generally for a 5-year period.

System Contents

☐	☐	☐	1. The system should have a centralized information system;
☐	☐	☐	2. The system should have a centralized case management system;
☐	☐	☐	3. The system should consider life enrichment as an important component;
☐	☐	☐	4. The system should include timely forward planning for individuals;
☐	☐	☐	5. The system should include client, families, guardians and multi-discipline service providers in planning for individuals;

Acceptable as is	Needs rewriting	Not needed		
☐	☐	☐	6.	The system should provide for and give priority to comprehensive and continuing diagnostic and evaluation services for deaf-blind individuals that begin as early as possible and include: 1) examination by audiologists, opthamalogists, pediatricians and other special consultants as needed (e.g., psychologists, occupational/ physical therapist, speech pathologists, etc.); 2) psycho-educational assessment of intellectual, social-adaptive, communication abilities, and emotional adjustment.
☐	☐	☐	7.	The system should include a practical and workable mechanism for the quickest possible detection and reporting of the deaf-blind individual following birth or at the time the individual becomes deaf-blind (including the elderly) and should be able to provide needed services within 30 days of notification and confirmation.
☐	☐	☐	8.	The system should generally seek to broaden the number of alternatives for the deaf-blind and enrich the quality of life for Kansas deaf blind.
☐	☐	☐	9.	The delivery system must be designed so that deaf-blind children are educated with non-handicapped children to the maximum extent appropriate.
☐	☐	☐	10.	The delivery system must be designed so that nondiscriminating testing practices are in effect for the deaf-blind.
☐	☐	☐	11.	The delivery system must be designed so that individualized educational programs (IEP's) are written for each deaf-blind child and are reviewed at least once a year.
☐	☐	☐	12.	The delivery system must be designed so that due process procedures are guaranteed with respect to all matters of identification, evaluation, and placement of deaf-blind children.

Acceptable as is	Needs rewriting	Not needed		
☐	☐	☐	13.	The delivery system must be designed so that parents of deaf-blind children can examine records pertaining to identification, evaluation, and placement and obtain an independent evaluation.
☐	☐	☐	14.	The delivery system must be designed so that a surrogate parent must be assigned to any deaf-blind child whose parents are unknown or unavailable or any child who is a ward of the State.
☐	☐	☐	15.	The delivery system must be designed so that parents of a deaf-blind child must receive a written notice prior to any change in placement or evaluation of the child. The notice must be in the parents' native language.
☐	☐	☐	16.	Available options should be reviewed with parents or guardians of dependent children and deaf-blind individuals themselves prior to programmatic or service decisions.
☐	☐	☐	17.	All local and state-wide institutions purporting to educate the deaf-blind should conform with the standards developed by the Model Secondary School for the Deaf (deaf-blind), the National Technical Institute for the Deaf (deaf-blind), and any or other appropriate national or state model set up for deaf-blind programs.
☐	☐	☐	18.	Planning and annual reviews of the O.I.P. shall include the input of the deaf-blind individual (if capable), parents, guardians, and be reviewed by representatives of all groups from which services are being provided as well as representatives from any and all groups who can be anticipated to be providing services within the five-year range of the O.I.P.

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